

## STATEMENT OF UNDERSTANDING INDEPENDENT ADOPTIONS PROGRAM

You will be consenting to the adoption of your child by signing the independent adoption placement agreement. Consenting means you intend to give your child permanently to the adoptive parents to raise as their own. When the adoption petition is granted, you will no longer have any rights as a parent to the child.

Before you sign the independent adoption placement agreement, read the attached statements in consultation with the adoption service provider.

Be sure to ask questions about any statement you do not understand. Consenting to the adoption of your child is an extremely important decision. You should know all the facts before making your decision.

### Instructions to complete the Statement of Understanding:

**BEFORE YOU SIGN THIS STATEMENT OF UNDERSTANDING AND THE INDEPENDENT ADOPTION PLACEMENT AGREEMENT, READ BOTH VERY CAREFULLY. BE SURE TO ASK QUESTIONS ABOUT ANYTHING YOU DO NOT UNDERSTAND.**

1. Complete this Statement of Understanding only after you have carefully thought about giving up your child and you are sure that you want your child adopted by the prospective adoptive parents and raised by them.
2. Read each of the statements in this document very carefully. If you do not understand a statement, ask the social worker to explain it to you until you do understand.
3. If you understand and agree with a statement, put your initials in the box next to the number of that statement.
4. If you do not agree, or if you do not understand a statement after the social worker's explanation, do not initial the box. Ask for more help and time in making your decision.
5. If you have initialed all the boxes, sign your name at the end.
6. You will receive a copy of this Statement of Understanding when it has been completed.

### PARENT WHO PLACES THE CHILD WITH THE ADOPTIVE PARENTS

- ☐ 2. I have chosen the prospective adoptive parents to be the parents for my child based on my personal knowledge of at least the following information about them:

Full Legal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Religion: \_\_\_\_\_ Race or ethnicity: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_ Employment: \_\_\_\_\_

Health Conditions restricting her normal daily activities or reducing her normal life expectancy:

\_\_\_\_\_

Convictions for crimes other than minor traffic violations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any removals of children from her care due to child abuse or neglect: \_\_\_\_\_

\_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Religion: \_\_\_\_\_ Race or ethnicity: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_ Employment: \_\_\_\_\_

Health Conditions restricting his normal daily activities or reducing his normal life expectancy: \_\_\_\_\_

\_\_\_\_\_

Convictions for crimes other than minor traffic violations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any removals of children from his care due to child abuse or neglect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family:**

Length of current marriage: \_\_\_\_\_

General residence location or, if requested, specific address: \_\_\_\_\_

Other children and adults residing in the prospective adoptive parents' home: \_\_\_\_\_

- ☐ 3. I understand that I have the right to look for a lawyer to help me in the Independent Adoption process and that the prospective adoptive parents may be required to pay the cost, up to \$500 unless the prospective adoptive parents and I agree to a higher amount, of such legal counsel.
- ☐ 4. I understand that I may talk about my plan to give up my child with other professional people, my family and friends.
- ☐ 5. I understand that if I am not sure I want to give up my child, there are other places the agency can refer me to that could help me with family, health, money, and other problems.
- ☐ 6. I understand that if I do not wish to place my child for adoption with the prospective adoptive parents, I should not sign the Independent Adoption Placement Agreement.
- ☐ 7. I understand that I have a right to a minimum of three separate counseling sessions with an adoption service provider or a licensed psychotherapist of my choice which, at my request, shall be paid for by the prospective adoptive parents).
- ☐ 8. I understand that the independent adoption placement agreement will automatically become an irrevocable consent to adoption either when the 90-day period has ended or when I sign a waiver of right to revoke consent, whichever occurs first. The first day of the 90-day period is the day the consent is signed.
- ☐ 9. If I change my mind after I sign the independent adoption placement agreement I must sign and deliver to the California Department of Social Services or to the delegated county adoption agency, whichever is investigating the proposed adoption, a written statement revoking the consent and requesting that the child be returned to me. I may not revoke the consent if the 90-day period has ended or if I sign a waiver of the right to revoke consent, whichever occurs first. The first day of the 90-day period is the day the consent is signed.
- ☐ 10. After the consent becomes irrevocable, I may regain custody of the child only if the prospective adoptive parents agree to withdraw their petition for adoption or if the court denies the adoption petition.
- ☐ 11. I understand that I shall remain legally responsible for my child until the adoption is granted by the court. If the child is not adopted, the agency will notify me and request that I make other plans for the child's care. I understand that I must keep the agency informed of my address.
- ☐ 12. I understand that I shall no longer be my child's legal parent once the adoption is granted in court. This means that:
- A. I shall no longer be responsible for the care of my child;
  - B. The prospective adoptive parents shall be the parents and will be legally responsible for caring for my child; and
  - C. I shall no longer have any right to the custody, services or earnings of my child.
- ☐ 13. I have received enough information about the prospective adoptive parents, and I wish to proceed with signing the independent adoption placement agreement.
- ☐ 14. I understand that if I ask the agency which investigates the proposed adoption for information at any future time, the agency must give my all known information about the status of my child's adoption including the approximate date the adoption was completed and if the adoption was not completed or was vacated, for any reason, whether adoptive placement of my child is again being considered.
- ☐ 15. I understand that after my child's adoption has been granted in court, all inheritance rights from any blood relatives will end unless they have made arrangements in their will or in a trust which specifically includes my child. My child will legally inherit from his or her adoptive parents.
- ☐ 16. I understand that after my child has been legally adopted, I cannot reclaim my child.

- ☐ 17. I understand that if I think I was forced to sign or deliberately not told the truth about giving up my child, I have five years after the date the adoption was completed to ask the court to set aside the adoption of my child.
- ☐ 18. I understand that the adoption agency may release identifying information from the adoption case record only when:
- A. It has been requested by certain agencies as named in law because the information is needed to help my child;
  - B. My child, when he or she is an adult, and I have signed forms agreeing to the release of identifying information so that contact can be arranged;
  - C. My child has reached 21 years of age, asks for my identity and I have agreed in writing to the release of my identify and most current address in the adoption agency's record;
  - D. My child has reached 21 years of age and has indicated in writing that I may have his or her adopted name and most current address as indicated in the adoption agency's records and I have asked for this information; or
  - E. My child is under 21 years of age and the adoption agency has found that the release of my identify and most current address as indicted in the agency's file is justified according to law.
- ☐ 19. I will be able, at any time, to add information about myself to the record of the agency that investigates the independent adoption.
- ☐ 20. I understand that the court may, after considering the request, release identifying information from the court adoption file.
- ☐ 21. I have carefully thought about the reasons for keeping or giving up my child. I have decided that giving up my child to the prospective adoptive parents for adoption is in the best interest of my child. I have read and understand this Statement of Understanding and the independent adoption placement agreement. I do not need any more help or time to make my decision. I have decided to place my child for adoption and consent to the adoption of my child by the prospective adoptive parents, and I am signing this freely and willingly.

I, \_\_\_\_\_, mother/father of \_\_\_\_\_,  
(NAME OF PARENT) (NAME OF CHILD)  
 understand and agree to the statements I have initialed above.

SIGNATURE IF PARENT

DATE

I, \_\_\_\_\_, have witnessed the signing of this Statement of Understanding  
 by \_\_\_\_\_ on \_\_\_\_\_. I am:  
(NAME OF PLACING PARENT) (DATE)

- ☐ A representative of the \_\_\_\_\_, a California licensed private adoption agency.
- ☐ An individual California adoption service provider.
- ☐ A representative of the \_\_\_\_\_, an adoption agency licensed or otherwise approved under the laws of the state of \_\_\_\_\_, the state where the adoption placement agreement is being signed.
- ☐ An individual licensed or otherwise certified as a clinical social worker under the laws of \_\_\_\_\_, the state where the adoption placement agreement is being signed.
- ☐ Independent counsel for the birth parent.

(SIGNATURE OF AGENCY REPRESENTATIVE OR INDIVIDUAL ADOPTION SERVICE PROVIDER)

(DATE)